LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001

MEETING SUMMARY
Thursday, August 5, 2004
1:00 PM - 5:00 PM
St. Anne's Maternity Home - Foundation Conference Room
155 N. Occidental Blvd.-Los Angeles, CA 90026

MEMBERS PRESENT		ABSENT
Mario Perez*	Jeff Bailey	Antonio Bustamante
Vanessa Talamantes	Chi-Wau Au*	David Giugni
Sergio Avina	Diane Brown*	Jeffrey King
Richard Browne*	Gordon Bunch*	Richard Zaldivar
Cesar Cadabes	Edward Clarke*	
Manuel Cortez	Edric Mendia	
Veronica Morales*	Vicky Ortega	
Ricki Rosales	Royce Sciortino	
Rose Veniegas	Kathy Watt	
Freddie Williams		

*** Denotes present at one (1) of the roll calls**

STAFF PRESENT

Juli-Ann Carlos	Arthur Durazo	Elizabeth Escobedo	Charles L. Henry
Cherie Holloway	Mike Jansen	John Mesta	Ijeoma Nwachuku
Christine Rutherford-Stuart	Anna Soto	Gwendolyn Thompson	Cheryl Williams

I. ROLL CALL

Roll call was taken and a quorum is present.

II. COLLOQUIA PRESENTATION

"*Reducing Risk for HIV Among Women Offenders in Drug Treatment"*

Women offenders, who have a history of substance abuse, are at the confluence of two social trends that place them at high risk for HIV. First, the rate of incarceration of women has increased dramatically in the past 15 years, particularly among women with substance abuse problems, due to changes in drug laws and sentencing policies. Second, the rate of HIV infection has also increased among women, at a rate faster than that among men. Substance abuse is a contributing factor to this increased risk for HIV among women, either through their own use or by sexual contact with substance users. Yet women offenders are a highly stigmatized and neglected group within society generally, and few efforts have been directed specifically at reducing the risk for HIV among this population.

Rose Veniegas introduced Dr. Chirstine Grella who provided a Power Point Presentation titled "Reducing Risk for HIV Among Women Offenders in Drug Treatment". A copy of the presentation is on file.

- Changes in Drug Laws and Sentencing Policies – Drug offenses accounted for more than half (55%) of the increase in prison terms for women, compared to 46% for men. Black and Hispanic women comprised 60% of women incarcerated for drug offenses and of the total inmate population, 42% of women and 26% of men were incarcerated for a drug offense.

- Rates of Abuse are High Among Women in State Prisons – 47% report physical abuse, 39% report sexual abuse, 33% report having been raped and abused women have higher rates of violent crime compared with other women (34% vs. 21%).
- Findings from Staff Focus Groups
    1. HIV and drug use are intimately connected, so recovery from drug use also promotes risk reduction.
    2. Staff in drug treatment programs lack communication and behavioral skills for addressing HIV risk among women offenders.
    3. HIV risk reduction education often takes place in mixed-gender groups, which limits honest discussion of the issues.
    4. Women in prison learn not to reveal any vulnerabilities and not to trust others, making it difficult for them to self-disclose issues regarding HIV risk behaviors.
    5. Shame and guilt around past involvement in prostitution inhibit discussions about sexual behavior.
    6. Women often feel they have "no choice" but to return to a partner/spouse who is still involved in drug use and criminal activity, making them vulnerable to relapse to drug and risk behaviors when they leave prison.
    7. Risky behaviors are driven by impulse and low self-esteem.
    8. Cultural norms among Latinas make it hard for them to openly discuss sexual risk behaviors.

- Findings from Client Focus Groups
    1. Exposure to HIV risk reduction education, both in prison and drug treatment programs, was a high variable, depending on the prison and level of security (i.e., minimum, maximum).
    2. Women from "the streets" learn not to trust others, that "you always have to have your shield up".
    3. Women learn not to talk in prison. They still feel "locked down" when in drug treatment, which makes it hard for them to participate in group discussions.
    4. Men tend to dominant discussion in mixed-gender HIV education/prevention groups.
    5. Most HIV risk reduction provided to women in prison or drug treatment focuses on education regarding means of transmission, rather than on behavioral skills to reduce risk.
    6. The most effective means for communicating prevention information would be to use women "like themselves", i.e. offenders with a history of substance abuse, who were HIV+.
    7. Little assistance in transitioning back to the community is provided to women upon parole from prison, making it a high-risk period.
    8. Neighborhoods and families are also influences (either positive or negative) on women's ability to trust and adopt safer behaviors.

HIV Risk Reduction Intervention for Substance-Abusing Women Offenders was developed. The 6-week curriculum consists of:

1. Psychoeducational material on sexuality and HIV
2. Structured exercises on communication and assertion skills
3. Role Playing
4. Group Discussion
5. Home work Assignments

Summary of Findings

- Most participants (75%) were quite confident that they would not engage in sexual behaviors that would put them at risk, although 25% were only "somewhat" confident.
- Most participants (87.5%) stated that they had a good or great deal of social support for not engaging in risky sex behaviors, although one participant stated that she did not have much support for not injecting drugs.
- Overall, the level of substance use and HIV risk was reduced from baseline levels and respondents had a higher level of self-confidence that they would not engage in high-risk behaviors.
- The areas of most vulnerability appeared to be having male sex partners who had other sex partners who were drug users, without consistently using condoms, and relapsing to injection use of amphetamines.

In conclusion, the findings provide initial support for use of a modified HIV risk-reduction intervention that is specifically tailored to address issues of concern to substance-abusing women offenders as they transition from prison back into the community, which is a period of high-risk for relapse to both substance use and risky sexual behaviors.

QUESTION: Are you privileged to agency information (who were the agencies and where was the staff working)?
ANSWER: I do recall the names; however, I would like to decline in reporting them.

QUESTION: Can you effectively do HIV risk-reduction from the "get go" in substance abuse treatment?
ANSWER: Yes, but it depends on what's going on with the women before they go into drug treatment.

COMMENT: (Kathy Watt) Coming out of prison (no matter who you are), rather than getting loaded, you want to have sex. The longer they go before talking about it, the more they are setting up for destruction.

QUESTION: Do you believe that women coming out of prison would open up sooner, if you acknowledged (gave them credit) what they were given in prison?
ANSWER: Yes.

III. REVIEW/APPROVAL OF MEETING AGENDA

The DRAFT August 5, 2004 Meeting Agenda was approved without corrections by consensus.

IV. REVIEW/APPROVAL OF JULY 1, 2004 MEETING SUMMARY

The DRAFT July 1, 2004 Meeting Summary was approved by consensus with the following correction:
Page 3 - Item VI . HIV/EPI Presentation – change the last sentence in the 1st paragraph to state: "The name and other information provided to the laboratory is coded and that personal identifying information is never transmitted to HIV/EPI."

V. PUBLIC COMMENT

- **Elton Naswood**, APLA-Red Circle Project, extended an invitation to all to a workshop for service providers on HIV/AIDS Among Native Americans and Alaskan Natives in Los Angeles scheduled for August 6th at the Minority AIDS Project (MAP) from 2:00 PM to 4:00 PM.

VI. UPDATE ON PPC NEEDS ASSESSMENT PROJECT

Ijeoma Nwachuku reported there has been an incredible response to the Needs Assessment Project. Two (2) training's for the Needs Assessment Project have occurred. A portion of the Needs Assessment Project was piloted on Wednesday, August 4th on Santa Monica Blvd. There was a very good response to the quantitative survey to assess "user-friendly" and language was clear. It averages between 5 to 15 minutes to take the survey. The sample was an equal mix of males, females and transgenders, including all of the behavioral risk groups (BRGs).

The data collection component of the Project is scheduled to begin next week. Dr. Nwachuku has a sign up sheet for individuals interested in participating in this project.

VII. CSV INITIATIVE COMMUNITY MEETING UPDATE/MOTION

The lilac colored document in the packet is the most recent proposed guidelines for Commercial Sex Venue Initiative. After a lengthy discussion surrounding the Community Forum and document in the packet "Regulation of Commercial Sex Venues", the PPC recommends the following:

The PPC has endorsed and sponsored the Commercial Sex Venue Initiative (CSVI), a project involving key partnerships between CSVs and prevention providers. Together they have developed culturally appropriate and targeted prevention messages promoting sexual and substance use risk reduction in these settings. Data from the CSVI project indicate that the majority of customers at key partner CSVs are open to and interested in HIV prevention services. Recent data released by the HIV/Epidemiology program document reports of risky sexual behaviors being practiced in CSVs and require a measured and reasonable public health response.

Recommendation 1: This body recommends regular evaluation of data collected from CSV-specific HIV prevention programs in order to ascertain the ability of such programs to identify individuals who might be at high risk of transmitting or being infected by HIV, and to facilitate their appropriate linkage or referral to HIV prevention and care services. We support the examination of data regarding the level of risk at these venues and of staff and/or prevention resources made available to individuals to reduce their risk. This recommendation is consistent with the Prevention Plan principles of targeting prevention to behavioral risk groups and assessing gaps in prevention services.

Recommendation 2: As documented by the HIV/Epidemiology bathhouse study, a considerable proportion of CSV visitors reported engaging in unprotected sexual intercourse with others who were or were not aware of their HIV status. We concur with the position of HIV/Epidemiology that intervention and prevention must be directed to these individuals and their sexual partners who engage in risky behaviors, including the means to become aware of their HIV status, and the information and counseling they need to reduce their risk. Effort must also be dedicated to supporting those who are HIV-positive in reducing riskier behaviors within these settings and connecting to care services. This recommendation is consistent with the Prevention Plan emphasis on using available epidemiological data to guide prevention and on incorporating strategies from the Centers for Disease Control and Prevention Advancing HIV Prevention initiative.

Recommendation 3: The PPC encourages careful examination of the effectiveness of the various HIV prevention strategies currently used in CSVs. We recognize the leadership demonstrated by specific CSVs that have partnered with the health department and prevention providers, and urge other CSVs to incorporate comparable HIV prevention efforts. The Prevention Plan explicitly endorses strategies or interventions with evidence of effectiveness in reducing HIV transmission risk or that have shown promise in local contexts. This body supports the spirit of the ordinance and guidelines to identify those HIV prevention program components (e.g., availability of testing, prevention messaging and physical setting adaptations) that have the greatest likelihood of minimizing HIV transmission within CSVs.

Recommendation 4: This body recommends consideration of the potential fiscal impact of the proposed ordinance on prevention resources. In accordance with the Prevention Plan this body has identified six behavioral risk groups as prioritized populations for HIV prevention. A subsequent Request for Proposals released on June 1, 2004 and the recently completed application review process will soon result in the contracting of HIV prevention services throughout this County.

Decisions to invest prevention resources in these venues must be guided by the priorities established in the Prevention Plan. To the extent that the ordinance and corresponding guidelines would prompt the need for additional prevention services we urge you to include this body in discussions regarding how best to allocate dwindling resources in a logical and ethical manner.

In summary, the PPC urges careful consideration of proposed prevention efforts in CSVs and attention to the priorities set forth in the HIV Prevention Plan. Specifically, the Plan calls for prevention efforts directed to six identified behavioral risk groups, for strategies that promote individuals' awareness of their HIV status, and for the implementation of prevention interventions with demonstrated effectiveness or strong potential for reducing HIV risk. We assert that the proposed ordinance and guidelines must be viewed from a planning perspective to ensure the judicious use of limited public health assets.

A motion was placed on the floor by Rose Veniegas and seconded by Jeff Bailey.
MOTION: The HIV Prevention Planning Committee (PPC) formally collaborate with the Commission on HIV Health Services (CHHS) on addressing Prevention Planning issues within the Commercial Sex Venues including PPC initiated recommendations on the proposed guidelines.

After discussion, an alternate motion was placed on the floor by Mario Perez and seconded by Kathy Watt.
MOTION: The PPC will forward recommendations to the Director of OAPP by August 16th related to the proposed Commercial Sex Venue Ordinance and Guidelines and based on relevant HIV prevention planning questions developed by the PPC co-chairs.

The alternate motion was accepted by Rose Veniegas. A Hand Vote was taken on the alternate motion: YES 18, NO 0 and ABSTENTION 1. The Alternate Motion **PASSES**.

VIII. BREAK

IX. PROPOSED REVISIONS TO CDC MATERIAL GUIDANCE DISCUSSION

Rose Veniegas reported on the CDC "ivory colored" document in the packet as the PPC's DRAFT response to the CDC's Proposed Revisions to Content Guidelines. The letter was drafted based on input from various disciplines and the Standards & Best Practices subcommittee is forwarding this letter to the PPC for consideration. A copy of the DRAFT letter is on file.

There was a discussion on the documents. The document is due to the CDC on Monday, August 16th. A motion was placed on the floor by Jeff Bailey and seconded by Ricki Rosales.

Centers for Disease Control and Prevention
Atlanta, GA

August 7, 2004

Dear Dr. Gerberding and the U.S. Centers for Disease Control and Prevention,

RE: Comments on Proposed Revisions to "Interim HIV content guidelines for AIDS-related materials, pictorials, audiovisuals, questionnaires, survey instruments, marketing, advertising and Web site materials, and educational sessions in U.S. Centers for Disease Control and Prevention regional, state, territorial, local and community assistance programs"

The Los Angeles County HIV Prevention Planning Committee has read and reviewed the proposed revisions of "Interim HIV content guidelines for AIDS-related materials, pictorials, audiovisuals, questionnaires, survey instruments, marketing, advertising and Web site materials, and educational sessions in U.S. Centers for Disease Control and Prevention regional, state, territorial, local and community assistance programs" posted at http://www.cdc.gov/nchstp/od/content_guidelines/default.htm

Thank you for the opportunity to share our concerns and recommendations regarding the proposed changes to these guidelines. We support the promotion of HIV prevention strategies with evidence of effectiveness, including the use of condoms, microbicides and other barriers against disease transmission, evaluated interventions that reduce engagement in risky sexual behaviors and interventions that reduce needle sharing.

As the HIV prevention community planning group for Los Angeles County, California we have the following concerns and recommendations regarding the draft revisions to these guidelines.

Summary and Explanation of Revisions (page 33825 of the Federal Register). "The proposed Guidelines will no longer permit organizations to establish their own PRP [Program Review Panel]. Instead, recipients of HIV/AIDS funds are required to identify a PRP established by a state or local health department within their state's jurisdiction."

Concerns: The proposed PRP eliminates community self-determination with regard to materials developed for their CDC-funded programs. Furthermore, the proposed PRP revision will strain the resources of health jurisdictions with shrinking budgets and staffing by increasing the administrative burden. Convening the necessary amount of PRPs for a large jurisdiction is likely to unethically delay the provision of services to individuals at high risk of HIV transmission, disabling effective public health responses to this epidemic.

Recommendation: Utilize the feedback offered to the CDC by local, state and CBOs regarding the proposed revisions. The CDC has the opportunity to exemplify community partnership and planning by

incorporating changes to the materials guidance that create review mechanisms supporting both community service providers and health jurisdictions.

Summary and Explanation of Revisions, Item (6). *" This section defines 'obscenity' by looking to the average person, applying contemporary community standards, as a way to ensure that material would be judged by its impact on an average person, rather than a particularly susceptible or sensitive person, or a totally insensitive one."*

Concern: The definition of obscenity removes the community's right to decide if a program is culturally sensitive or relevant by basing judgment upon a material's impact on an *average person* in a health jurisdiction. This guideline potentially contradicts Section I.A. that written materials should "use terms, descriptors…necessary for the intended audience to understand dangerous behaviors…" Terms that communities with high prevalence of HIV consider necessary for communicating HIV risk may be viewed as obscene by other communities that have relatively lower prevalence.

Recommendation: Materials intended for specific behavioral risk groups should be reviewed not by the *average person*, but by individuals from the behavioral risk group. The text "by looking to the average person, applying contemporary community standards, as a way to ensure that material would be judged by its impact on an average person, rather than a particularly susceptible or sensitive person, or a totally insensitive one" should be replaced with "by looking to the *average person within a target population* to assure cultural relevance and sensitivity by applying contemporary community standards."

Section I Basic Principles (page 33826)
"*Messages must be provided to the public that emphasize the ways by which the individuals can protect themselves from acquiring the virus. These methods include abstinence from illegal use of IV drugs …"*

Concerns: This message is inaccurate. It is the sharing of used needles that spreads HIV from one person to another, NOT the mere use of legal or illegal intravenously administered substances. A diabetic who must inject insulin who shares her/his needles with another person can transmit HIV to another person.

Additionally, the promotion of abstinence from sexual intercourse is not an evidence-based strategy reviewed by CDC. In fact, results from the federally funded study to evaluate the outcomes of abstinence-based programs have not yet been released. CDC should continue to promote evidence-based methods of reducing HIV risk rather than methods with no available evidence of effectiveness.

Recommendation: The sentence "These methods include abstinence…an uninfected partner" should be replaced with "These methods include strategies that have been rigorously evaluated for evidence of effectiveness by the CDC which are posted at http://www.cdc.gov/hiv/pubs/hivcompendium/hivcompendium.htm and www.effectiveinterventions.org."

Section 2500. **Use of Funds. (b).** *"All programs of educational and information receiving funds under this title shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining form such activities."*

Concerns: The statement above requires that funded programs promote abstinence as an HIV risk reduction strategy. This is not an evidence-based method. This statement also inaccurately identifies intravenous substance abuse as the route of HIV exposure. As stated previously, it is the sharing of used needles that transmits HIV.

Recommendation: For accuracy and consistency with public health terminology and HIV prevention practice the above sentence should be replaced with "All programs of educational and information receiving funds under this title shall include information about the risk for HIV exposure through sexual intercourse with multiple partners and sharing of used needles."

Section I.A (page 33826), *"Require review and approval of HIV/AIDS educational materials placed on an organization's Web site."*

Concern: the proposed revisions expand far beyond the list of materials requiring PRP approval in the 1992 guidelines. For example, this guideline may require PRPs to review not only the content of a CDC funded program Web site, but also the content of *every* link posted on that Web site. In addition, it may also require a PRP to review and approve both the Web site of a CDC-funded program as well as the Web site of the organization through which the program is run. For example, a specific program run by the HIV Services Center (a fictitious organization) may receive CDC funding to do Internet-based prevention with positives. A Web site is specifically developed for this program and is not linked to any of the organization's main Web pages. In addition, HIV Services Center has its own independent Web site. The proposed guidelines might require the organization's Web site to conform to content guidelines because the organization receives CDC funding. This would restrict any funded organization's ability to maintain control of the content of its own home pages.

Recommendations: We request that CDC clarify the guideline to distinguish Web sites for programs that are directly funded by CDC and Web sites for the overall organization, provide more guidance on a reasonable review process for Web-based materials, or maintain the language used in the 1992 guidelines with the addition of a standard CDC disclaimer for Web site-based educational materials.

Section I.D. and Section II.B.1.b. (page 33827) *"Require PRPs to ensure that the title of materials developed and submitted for review reflects the content of the activity or program. According to the guidelines this revision will ensure that materials and their contents are clearly stated to the audience."*

Concern: this guideline contradicts Prevention Marketing concepts disseminated by the CDC where service providers have been encouraged to use practical marketing skills for service provision. A title is merely a marketing tool intended to entice a community member.

Recommendation: The best population to assess the appropriateness of a title would be the at risk population who will be receiving the message. Strike the language that would require PRPs to approve titles, maintaining cultural relevance by requiring target population feedback.

Section I.E. (page 33826) *"Require that funded recipients ensure the PRP has determined that the materials comply with Section 31P of the Public Health Services Act. This sections states, in part, that "education materials * * * that are specifically designed to address sexually transmitted diseases * * * shall contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the sexually transmitted disease the materials are designed to address."*

Concern: It is scientific fact that latex condoms prevent the transmission of HIV. When there is a reduction in the efficacy of a latex barrier, it is with the user of the barrier – not the barrier itself According to the National Institutes of Health (NIH) "consistent condom use decreased the risk of HIV/AIDS transmission by approximately 85%" (NIAID, 2001). It is important for individuals to understand how to prevent failure in the use of condoms. However, a balance is needed so that individuals are not discouraged from using condoms because they are not 100% effective. If we are now required to put this disclaimer on each HIV prevention piece, it will add to the literacy level in some educational pieces and additional length to some pieces. In trying to change behavior, it is important to present new behaviors as having favorable results. The inaccurate framing of the effectiveness of condom use will reduce the likelihood that persons at risk will use condoms.

Reference

National Institute of Allergy and Infectious Diseases (2001, July 20). *Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention*. Retrieved April 2, 2003 from http://www.niaid.nih.gov/dmid/stds/condomreport.pdf

Recommendation: Rather than adopt language that would allow prevention education programs to select whether they would address *either* condom effectiveness *or* lack of effectiveness, the CDC is encouraged to adopt language that would require these to appropriately frame and objectively address *both* condom use effectiveness *and* ineffectiveness.

Section II.B.1. (page 33826) "*Identification of at least one panel…of no less than five persons who represent a reasonable cross-section of the jurisdiction in which the program is based...no single intended audience shall dominate the composition of the Program Review Panel...*"

Concern: The proposed PRP composition severely restricts the formation of PRPs with the necessary knowledge and investment in effectively targeting HIV prevention messages to groups at risk. For example, if the majority of new HIV cases in a health jurisdiction are women it is reasonable to expect that the PRP be composed of a majority of women. The current revision would essentially prohibit such a PRP.

Recommendation: The Los Angeles health jurisdiction has adopted the model of directing HIV prevention to behavioral risk groups. Members of such at-risk groups must be represented in sufficient numbers and not limited to one or few seats on the PRPs. The PRPs should reflect the HIV epidemiologic profile. This is consistent with CDC recommendations that epidemiological data should guide prevention planning. The text "…of no less than five persons who represent a reasonable cross-section of the jurisdiction in which the program is based…" should be replaced with "of no less than five persons who reasonably represent the HIV epidemiological profile of the jurisdiction in which the program is based."

Section II.C.4.*"Require funded recipients to include a certification that accountable state or local health officials have independently reviewed written materials, pictorials, audiovisuals, and marketing, advertising, and Web site materials for compliance with sections 2500 and 317 of the Public Health Service Act and approved the use of such materials in their jurisdiction for directly and indirectly funded community-based organizations."*

Concern: The large majority of the HIV epidemic is in urban settings. HIV is only one of many concerns for a health official in an urban setting. Requiring a health official to independently review every single material under this guidance would create an immense obstacle to service provision.

Recommendation: Allow PRP letters of approval to stand as the health jurisdiction's approval of a material. Under the proposed guidelines, health departments are required to participate in the PRP, ensuring that the authorized health official's perspective will be appropriately represented.

Section II.C.5. *"…provide to CDC in regular progress reports, signed statement(s) of the chairperson of the Program Review Panel(s) specifying the vote for approval or disapproval for each proposed item that is subject to this guidance."*

Concern: requiring a letter from the chair-person of a PRP specifying votes for approval or disapproval for each proposed item that is subject to this guidance places a significant an administrative burden on the PRP which is likely to be composed of community volunteers and health jurisdiction staff..
Recommendation: Allow the PRP to submit a list in regular update reports of materials that have been "approved" or "not approved."

On behalf of the Los Angeles HIV Prevention Planning Committee we respectfully submit these comments. We urge the CDC to carefully reconsider the promotion of non-evidence based strategies for HIV prevention and the severe restriction of appropriate community oversight regarding HIV prevention messages.

Sincerely,

Jeff Bailey, Community Co-chair

Mario J. Perez, Governmental Co-Chair

Vanessa Talamantes, Community Co-chair

MOTION: The PPC will forward the CDC Content Guidelines Recommendations document with some modifications to the Office of AIDS Programs and Policy to be forwarded to the proper officials. A vote was taken and the motion was approved by consensus.

X. COMMUNITY CO-CHAIRS REPORT

Jeff Bailey reported two community forums are scheduled for the "Names Based HIV Reporting System".

XI. GOVERNMENTAL CO-CHAIR REPORT

Mario Perez reported OAPP has received the CDC Guidance for the Interim Progress Report (IPR) Health Departments who received directly funded resources from the CDC with a due date of October 4, 2004. We will be reporting for the first six months of 2004, and submit a plan for 2005.

John Mesta reported the "DRAFT" Prevention Plan has been received by OAPP and the next step is to reconvene the Prevention Plan Ad Hoc subcommittee.

XII. SUB-COMMITTEE REPORTS

- **Operations – Diane Brown** reported the PPC Policies and Procedures are in the process of being updated/revised. The "green" document in the PPC packet reflect the proposed changes to the PPC Policies and Procedures. A motion was placed on the floor by Jeff Bailey and seconded by Vanessa Talamantes to adopt the proposed changes to the PPC Policies and Procedures. Motion passes by consensus.

  Diane Brown reported the PPC Annual Planning Meeting is confirmed for October 4th and October 5th at Luminarias. A flyer is included in today's meeting packet. Formal invitations are forthcoming.

  Diane Brown reported a Letter of Resignation was received from Tony Bustamante and Ch-Wai Au is the Los Angeles County-Department of Health Services –Sexually Transmitted Diseases (STD) representative on the PPC. Additionally, PPC New Member Orientation was conducted on July 23rd.
- **Evaluation** – **Cesar Cadabes** reported the Evaluation subcommittee is beginning to look at structure and data collection for the BRG Forums
- **Joint Public Policy** – **Rose Veniegas reported for Richard Zaldivar,** the Joint Public Policy met to discuss the recommendations to be forwarded to Health Deputies and Board of Supervisors regarding the Commercial Sex Venue guidelines. There has been discussion regarding the Joint Public Policy being dissolved.
- **Youth Leadership –** Chi-Wai Au reported the Youth Leadership subcommittee met last month at the Long Beach Health Department. On August 13th a joint meeting is scheduled with Youth Leadership and Adolescent Consortium at Children's Hospital Los Angeles.
- **Standards & Best Practices – Rose Veniegas** reported Standards & Best Practices has been reviewing the CDC revised content guidelines and drafted a response. Members of Standards & Best Practices have been asked to compile and collect sample job descriptions for programs that "mimic" proposed programs for the new RFPs.
- **CHHS Update** – **Edric Mendia** reported the CSV has already been discussed. The Commission voted to endorse names based HIV reporting in Los Angeles County. Two community forums have been scheduled for the Names Based HIV Reporting.

XIII. ANNOUNCEMENTS

Cesar Cadabes announced California State Planning Group is meeting at Marina Del Rey Marriott Hotel August 24th through August 26th.
Sergio Avina announced the CDC Funded Project at JWCH Institute has vacancies and job announcement and descriptions are on the back table.
Royce Sciortino announced the California AIDS Clearinghouse is scheduled to release an RFP in September, 2004 for the materials development grant for the development of new educational materials.
Chi-Wai Au reported copies of the Surveillance Report are available on the back table.

Jeffrey Bailey announced AED is hosting the POL (Popular Opinion Leader) Training on August 17th and August 18th. There is limited space for this two day training.
Mario Perez reported he is unable to attend the California State Planning Group and encouraged other representatives from Los Angeles to weigh in and share some of the things that are happening in Los Angeles.
Rose Veniegas announced CHIPTS is hosting a Social Marketing Workshop next Friday (August 13th) at St. Anne's.
John Mesta announced once the Needs Assessment Project is complete and the update on the EPI Profile and HIV Surveillance presented, they will be integrated into the Prevention Plan, and will be complete.
John Mesta reported OAPP is in the process of finalizing a CDC Site Visit (September 2nd). Once the details are finalized, OAPP will send out a notification.
Manuel Cortez announced AltaMed is hiring three (3) Prevention Case Managers for it's CDC Funded Project.

XIV. CLOSING ROLL CALL

XV. ADJOURNMENT – Meeting adjourned at 5:14 P.M.
Note: All agenda items are subject to action.

NOTE: All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 6th Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.

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